



Feral/Community Cat Intake Form

Trapper Name OR TNR Group:		Cat Name (Cat MUST have a name):	
Address:		Breed:	
City, State, Zip Code:		Color:	
Phone Number:		Age:	
Email:			

**This form is for FERAL, COMMUNITY, & OUTSIDE cats only.
These cats are NOT PETS and MUST be in humane feral cat traps.
Each cat will have their ear tipped and be given a rabies vaccine.
NO EXCEPTIONS.**

How long has this cat been in your neighborhood? _____

If FEMALE, has she had a litter? Yes ___ No ___ If yes, when? _____

Please list any illness, injury, or other known pertinent information regarding this cat:

<p>Included with spay or neuter surgery:</p> <ul style="list-style-type: none">- Rabies Vaccine- FVRCP Vaccine (included for a limited time) <p>Services that can be added:</p> <ul style="list-style-type: none"><input type="checkbox"/> Feline Leukemia Vaccine - \$30<input type="checkbox"/> Microchip - \$20 (registration included)<input type="checkbox"/> Flea Treatment/Dewormer Combo - \$5<input type="checkbox"/> FeLV/FIV Test - \$20

*******PLEASE SIGN BACK OF FORM*******

Feral/Community Cat Surgery Release

Cat Name: _____

Date: _____

I certify that I am 18 years old or older and do hereby request and authorize Spay Memphis, through whomever licensed veterinarians and assistants they may designate, to perform an operation for the sterilization of this animal.

I understand that general anesthesia and surgical procedures present inherent risks including but not limited to injury or death of an animal. I authorize the use of appropriate anesthetics and other medications deemed appropriate and part of the standard of care by veterinarian(s). I understand that the veterinarians and assistants will take all reasonable precautions against injury, escape, or death of the aforementioned animal, but will not be held liable or responsible in any manner whatsoever, or under any circumstances, on account of the care, treatment, or safekeeping of the animal, otherwise in connection therewith, as it is thoroughly understood that I assume all risk.

I understand that it is my responsibility to pick-up/return for my animal by closing on the day of surgery. I understand that if my animal is not picked up by 5:00 pm on the day of surgery, I will be charged a late fee and my animal will be taken to the Animal Emergency Center and they will charge a boarding fee. I understand that if my animal is not picked up at the Animal Emergency Center in 24 hours, my animal will be considered abandoned and taken to Memphis Animal Services. I understand that it is my responsibility to provide a safe and quiet environment for the animal to recover once it is released into my care. I understand that it is my responsibility to monitor the health of the animal post-surgery and to report any concern(s) to the contacts provided on the post surgery instructions sheet. I affirm that I have received a written copy of the Post Operative Care Instructions for my reference.

I hereby release Spay Memphis, the veterinarians, assistants, the board, volunteers and all of its employees from any claim arising out of or connected with the performance of this procedure. I agree that I have not, nor will not, claim any right to compensation from Spay Memphis, or any associated individual, or file any action by reason of such sterilization of the aforementioned animal or consequences related thereto. I also consent to have my cat photographed and/or videotaped for the purposes of clinic marketing. I have read and understand this authorization and consent.

Signature: _____

Date: _____